

SCOPE

April 2023

Licence Renewal is Open

Who holds the keys
to the pharmacy?

Challenges of
Self-Regulation

**WE NEED
ASSESSORS**

CAPTivate Update



SASKATCHEWAN
COLLEGE OF PHARMACY
PROFESSIONALS

MISSION

Protecting the public interest by building excellence in professional pharmacy practice through regulation.

VISION

Quality pharmacy care for a healthier Saskatchewan.

VALUES

Professionalism
Collaboration
Leadership
A Culture of Excellence

GOALS

To have functioning competency assurance and quality improvement programs.

To align pharmacy regulation with modern pharmacy practice.

To empower pharmacy professionals to practise autonomously to deliver safe patient care.

To have enhanced transparency to stakeholders, supported by contemporary governance and management practices.

The SCOPe newsletter is published by the Saskatchewan College of Pharmacy Professionals (SCPP) and is emailed to active members of the College. Decisions on matters such as regulations, drug schedule changes, etc., are published in SCOPe. All members are expected to be aware of these matters.

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Welcome New SCPP Staff



Mariano Ramirez, Manager, Database and Systems

SCPP welcomes Mariano Ramirez to the role of Manager, Database and Systems. New to Canada, Mariano graduated from O&M Dominican University with a Bachelor of Computer Science.

Mariano's career spans various industries including manufacturing, telecommunications and marketing, and he is an expert in database administration.

Click here for our contact page and see who's working behind the scenes, regulating pharmacy in Saskatchewan to keep its residents safe.



Licence Renewal Season is Open

Before You Renew

Malpractice Insurance: It is the responsibility of Practising members to meet the Regulatory Bylaw Requirements for malpractice insurance each year. The insurance policy must be applicable to the membership year applied for. Members will fill in the details of their malpractice insurance within the online application for renewal. Non-Practising, Associate, and Retired members are not required to hold malpractice insurance.

Criminal Record Check (CRC)

Audit: Each year, 10 per cent of the Practising and Non-Practising members will be randomly selected to meet the additional requirement of completing a new Enhanced Police Information Check (E-PIC) through Sterling Backcheck and submitting the police certificate to SCPP prior to being able to renew their licences. For more information about the CRC audit process, please refer to the [Criminal Record Checks](#) section of the SCPP website.

Continuing Professional Development Log Submission: To meet the current

continuing competency requirements of the SCPP Regulatory Bylaws, Practising members must have acquired and documented 15 CEUs between April 1 of the previous membership year and June 1 of the current year. The [Learning Portfolio](#) requirement became the continuing education requirement for licence renewal in 2003. Part of the Learning Portfolio includes the [Professional Development Log](#) (PDL).

As part of reviewing and developing a new Competency Assurance Program, SCPP is requesting (see [Feb. 14, 2023 memo](#)) that all Practising members upload their completed [Professional Development Log](#). The PDLs will be reviewed in order to assess the current state of the competency assurance program and inform the future program. While it is not mandatory to upload the PDL for renewal, the competency assurance team will be reviewing PDLs that have been uploaded and will be randomly reaching out to members who have not uploaded their PDL to ensure a fulsome review and baseline has been completed.

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SCPP COUNCIL 2022–2023

PRESIDENT

Amy Wiebe, Saskatoon

PRESIDENT-ELECT, RURAL/ REMOTE PHARMACIST

Tania Schroeder, Warman

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Rod Amaya, Saskatoon

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U of S SENIOR STICK

Meagan Kielo, University of Saskatchewan

The [PDL](#) can be found on the Continuing Professional Development for Pharmacy Professionals (CPDPP) [website](#). Please upload your completed log to your member profile. The process is the same as uploading other certificates in the applications section.

Please note that Associate and Retired members are not required to meet the continuing competency requirements. Non-Practising members must maintain their competency requirements as above if they plan to migrate to a Practising membership.

Equity, Diversity, Inclusion (EDI), and Cultural Safety Training: The [EDI training](#) must be completed for licence renewal. Please see [previous detailed information here](#). Once the training is completed and you have received your certificate, please upload the certificate to your member profile.

Migration from one membership category to another for temporary leaves, including maternity and

The form is titled "CPDPP Continuing Professional Development For Pharmacy Professionals" and "PROFESSIONAL DEVELOPMENT LOG". It includes fields for Name, SCPP Member #, and Licensing Year. The main table has columns for DATE(S), ACCREDITED PROGRAM (TITLE AND PROVIDER) OR NON-ACCREDITED PROFESSIONAL DEVELOPMENT ACTIVITY, CEUs (ACCREDITED and NON-ACCREDITED), and KEY IDEAS/THOUGHTS/LEARNING POINTS. At the bottom, there are summary fields for Total CEUs, Accredited, Non-accredited, and a Signature line.

parental leaves: Members will need to consider the implications of the Regulatory Bylaws when migrating from Practising to Non-Practising and then requesting migration back to Practising membership. More information can be found in section 2 of Part E.5 and section 2 of Part F.5

of the Regulatory Bylaws. Please note that per Part E.6 for pharmacists and Part F.6 for pharmacy technicians, a member may allow their licence to lapse:

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SCPP STAFF

Executive

JEANA WENDEL
Registrar

LORI POSTNIKOFF
Deputy Registrar

Executive Assistance

INGRID WAKEFIELD
Executive Assistant to the Registrar

CHRISTINA MCPHERSON
Administrative Assistant to the Deputy Registrar

Administrative Support

SIMEON AREOYE
Administration and Office Operations Coordinator

Communications

MARLON HECTOR
Communications Officer

Competency Assurance

SHAUNA GERWING
Director of Competency Assurance

Complaints and Discipline

CHANTAL LAMBERT
Assistant Registrar – Complaints Director

TAMI SCHWEBIUS
Complaints Manager

JOANNE DEIBERT
Complaints Investigator – Contract

Database and Systems

MARIANO RAMIREZ
Manager, Database and Systems

Field Operations and Quality Assurance

JEANNETTE SANDIFORD
Assistant Registrar – Field Operations and Quality Assurance

JENNIFER KOSKIE
Field Officer

BRITTANY SHARKEY
Certified Compounding Inspector – Field Officer

EMILY THOMPSON-GOLDING
Administrative Coordinator for Field Operations and Quality Assurance

STEVEN YAKIWCHUK
Field Officer

Policy and Legislation

KATHLEEN HANDFORD
Director of Policy and Legislation

DAVID CHOU
Pharmacy Policy and Practice Consultant

NATALIE REDIGER
Pharmacy Policy and Practice Consultant

KIM SAMOILA
Policy Analyst

Registration, Licensing, Permits

ROBERTA BECKER
Registration Administrator – Pharmacy and Member Relations

SHAYNA MURRAY
Registration Administrator – Member Relations

MELISSA WEGER
Registration Administrator – Member Relations

CAROLINE ZAREBA
Manager, Pharmacy Permits and Pharmacy Relations

Any person whose membership has been allowed to lapse for a period of one membership year or less and who is otherwise eligible for membership may, upon application and upon the payment of the prescribed membership fee(s) and prescribed reinstatement fee(s), have their name re-entered in the register of members, subject to meeting the requirements in these bylaws for the membership category applied for.

Advanced Method Certification (AMC) and Standard First Aid/ CPR with AED Requirements:

This requirement applies to those pharmacists who wish to administer medications by injection or other routes. To administer medications by injection and other routes, SCPP requires that you:

- Maintain current Standard First Aid and Cardiopulmonary Resuscitation (CPR) Level C with Automated External Defibrillator (AED) certification;
- Complete all required Stage II Canadian Council on Continuing Education in Pharmacy (CCCEP) accredited training plus the Saskatchewan-specific and hands-on modules available through [CPDPP](#) and the Canadian Paediatric Society ([EPIC](#)); and
- Properly declare AMC during licence renewal.
- Note that if you have valid AMC but have not administered injections within the past 24 months, then you are required to

take the [Live Injection Refresher Workshop](#) if you wish to inject.

A practising licence with the word "Conditions" and an "A" will be issued to those who have not fulfilled one or more of the three requirements stated above. These members may not administer medications by injection or other routes until they have completed all requirements.

Please see the [Training and Development guide](#) for more information.

Ready to Renew – Available now for the 2023-2024 Licence Year

Log in, click Renew Online and Complete Form: Once members have confirmed they have completed all requirements above, they are then ready to log into their member profiles to complete the Membership Renewal Application form. Forgotten passwords can be retrieved by clicking the "Forgot Password" link on the log-in screen. As a reminder, memberships not renewed by June 30 will be automatically terminated as per the bylaws. Members planning to terminate their memberships are asked to email SCPP at scppregistration@saskpharm.ca.

Members are encouraged to renew early to aid in processing time for obtaining their new licence. Membership renewal requirements including membership fees must be received in the SCPP office **on or**

before June 1, 2023, or be subjected to the late penalty fee of \$525.00 plus GST for pharmacists and \$300.00 plus GST for pharmacy technicians.

Renewal Fees: May be paid by MasterCard, Visa, or cheque. If paying by credit card in the online application form, select "Pay Now". If paying by cheque, select "Invoice Me" and mail the cheque and invoice to the SCPP office. Applications will only be approved upon receipt of all requirements and fees.

Sending your Payment by Mail: SCPP recommends that anyone intending to submit their registration and/or renewal payments by mail allow up to four to six weeks for mail delivery. Any payments which are received past the deadlines will either result in a late payment fee after 11:59 pm on June 1 or termination of membership after 11:59 pm on June 30.

Failed Payments: An invoice will be emailed to you indicating whether your payment has failed or has been successfully received. If your payment fails, you can log back into your member profile and under "Invoices" select the unpaid invoice and attempt payment again. Please ensure that your payment has been processed. Your renewal is not considered complete until payment is received.

For further information, clarification, or assistance in completing your online renewal, contact the SCPP office at scppregistration@saskpharm.ca or call 306-584-2292.



Challenges of Self-Regulation

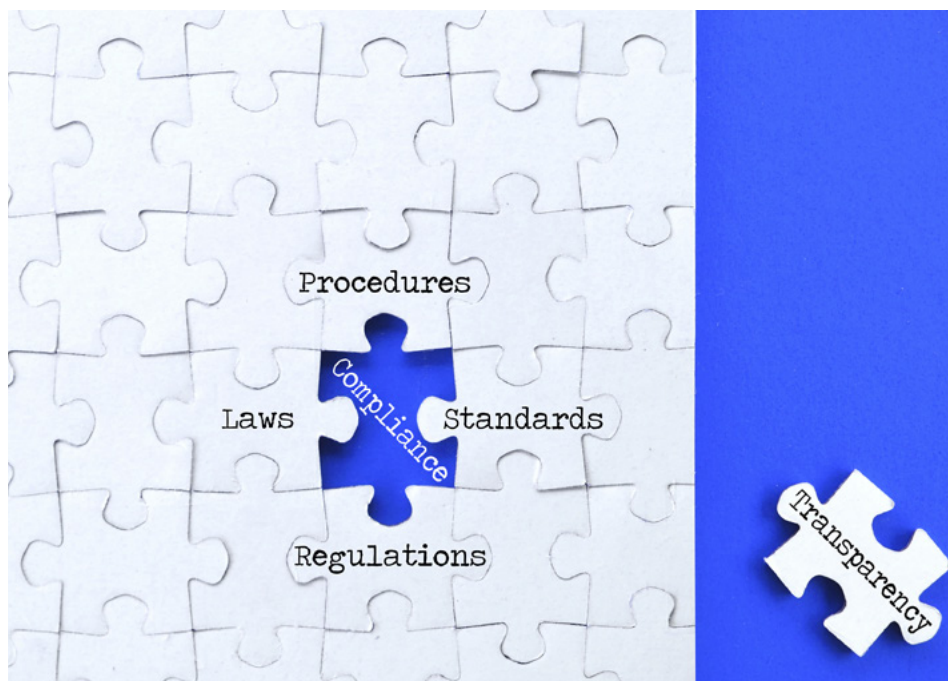
Welcome to the final installment in our series on self-regulation. In [part one](#), we explored the difference between regulators and associations. [Part two](#) focused on the privilege of self-regulation and how it remains a privilege that can and has been lost in some circumstances. In part three, we explore a few of the challenges facing self-regulation.

The broadest challenge regulators face is an external pressure to put professional interests first. Readers following the series will remember that regulators act in the interest of the public, unlike associations, which act in the interest of their members.

This is not unique to pharmacy but may offer some exceptional challenges in that with a pharmacy, regulation not only affects daily practice but also has the potential to impact the bottom line of the business.

"What we do as regulators is not always palatable or liked by everybody," says Deanna Williams, former Registrar of the Ontario College of Pharmacists and known nationally and internationally for her work in professional and occupational regulation.ⁱ "Sometimes where we need to go and where the profession wants us to go is not always aligned."

Regulators must not only put public interest first but must also maintain the general support and respect of the profession for overall success. Professionals must be engaged in developing policies that affect their practice. SCPP's most recent consultation around advanced prescribing is an example of this type of engagement. In addition, it cannot be consultation for the sake of consultation.



"A collective willingness to be flexible is needed to assure successful implementation of regulatory changes," says Deanna.

Regulators also face an immense challenge in building and maintaining public confidence and trust. Most regulators find it hard to gauge the level of trust the public holds in professional regulation or even the level of knowledge the public has on what regulators do.

"I can tell you that when you lose public confidence, you'll know it, and it's very hard to regain," says Deanna. "You want to be able to build the public trust in the profession and you want to keep it."

This public trust is not helped by a sense, often propagated in the media, that regulators are not open about the inner workings of member discipline procedures and investigations. In Deanna's experience as College Registrar in Ontario, for example,

legislation at the time prevented her from even confirming a disciplinary investigation was underway.

In recent years, many members will know that SCPP has made significant developments in increasing transparency through its website and newsletters. The [complaints and discipline section](#) of the website was substantially expanded to include clear processes, hearings, and discipline decisions. Members of the public are able to attend hearings and track the legal or other decisions reached.

Saskatchewan residents are also able to see the discipline histories of their pharmacies and pharmacy professionals through its [public register](#), which has been developed in recent times to include concerns the public has a right to know.

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ⁱ Deanna Williams spent 18 years at the Ontario College of Pharmacists, Canada's largest pharmacy regulatory authority, retiring as its Registrar in 2011. The Minister of Health and Long-Term Care appointed Deanna as Supervisor to the College of Denturists of Ontario during the loss of its regulatory privileges in 2012 and 2013. Since 2011, Deanna has been consulting in areas relating to professional and occupational regulation in Canada, the U.S., and abroad.

"What regulators are obliged to deliver to the public is not so different than for members," says Deanna. "A right to due process, fairness and transparency, accountability for our actions, and consultation on everything that impacts them."

The SCPP Council, like other regulatory councils, is made up of public and professional members, and constantly faces the challenge to bring unique perspectives, while recognizing (and abandoning) the issues, concerns, biases, and conflicts that stand in the way of doing the right thing.

Professions regulating their own have further implications for costs and fees. A recent decision of Alberta's Court of Appeal found that investigative and hearing costs should not be punitive and therefore should be borne by



Deanna Williams

the regulator, and thus the profession itself.

While the challenges of self-regulation are immense, regulators can learn from trends, best practices, and instances where self-regulation has been lost (e.g., the [College of](#)

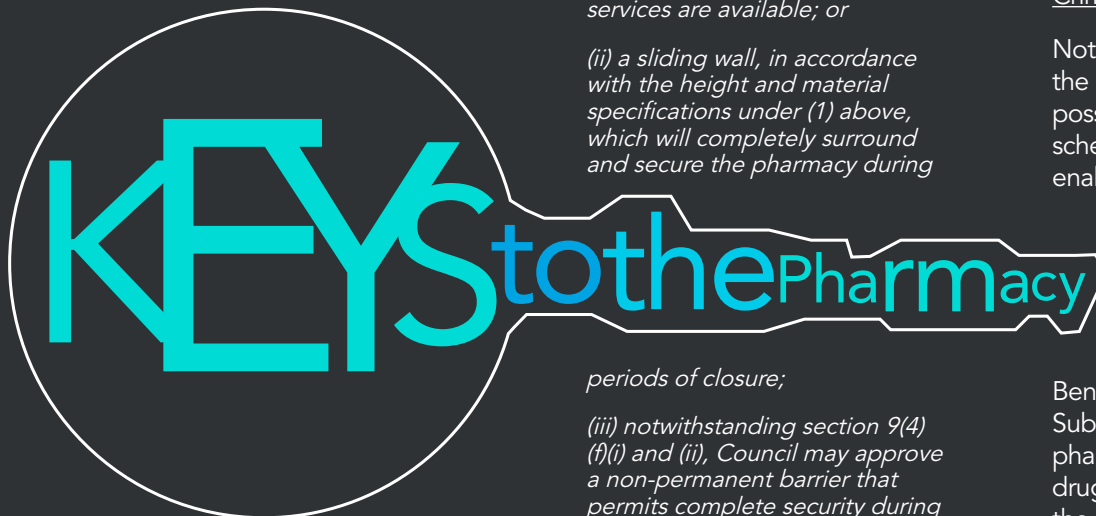
[Denturists in Ontario](#)). Deanna offers the following learnings:

1. Pay attention to risk.
2. Strive to maintain positive relationships at all levels.
3. Pay attention to regulatory governance.
4. Ask the right questions, aligned to monitoring and governance roles.
5. Ask how a decision/action puts the public interest and protection first.
6. Build and maintain public confidence.

"We have to work harder today to show that we can and do put public interest first," says Deanna. "And I think that's a challenge for all of us."



Recently during both Field Operations visits and Complaints investigations it has come to the College's attention that members of the pharmacy staff who are not pharmacists have keys to the pharmacy (either the entire business/building and/or the lock and leave enclosures). This means that non-pharmacist staff are in the store when a pharmacist is not present, which is a direct violation of the following SCPP Regulatory Bylaws.



Members can refer to information on lock and leave areas published previously ([SCOPe June 2015, page 8](#); [SCOPe October 2021, page 14](#)).

Part J

Lock and Leave

9 (1) In this section:

(a) "Lock and Leave" means an approved physical enclosure which allows a period or periods of closure of the pharmacy from the remainder of the premises;

...

(4) The Registrar may approve a "Lock and Leave" installation where he is satisfied that the applicant complies with the following conditions:

(d) during the periods of closure or operation of the Lock and Leave, the pharmacy shall not be accessible to the public or non-professional staff;

(e) no drugs may be sold or offered for sale and non-professional staff may not perform

any professional services; and

(f) the Lock and Leave physical enclosure which separates the pharmacy from the remainder of the premises must be:

(i) a wall, composed of transparent, semitransparent or opaque materials, or any combination thereof, at least six feet high with adequate doors to permit complete security during periods of closure, and to permit full access by the public to the pharmacy when professional services are available; or

(ii) a sliding wall, in accordance with the height and material specifications under (1) above, which will completely surround and secure the pharmacy during

periods of closure;

(iii) notwithstanding section 9(4) (f)(i) and (ii), Council may approve a non-permanent barrier that permits complete security during periods of closure to those products restricted to a lock and leave enclosure offered for sale on shelves outside that enclosure.

Pharmacist Supervision

4 The pharmacy shall be under the personal attendance and supervision of a licensed pharmacist, or a licensed pharmacy technician in accordance with section 5 of Part J, unless it is capable of complete closure to the public and to non-professional staff at such times as there is no licensed pharmacist on duty, in accordance with section 9 of Part J

Previous editions of SCOPe have reminded pharmacists that no one but a licensed pharmacist can have keys to the pharmacy or be present in the store/pharmacy unless the pharmacist is present.

If the pharmacy has a lock and leave enclosure, the non-pharmacist staff may have keys to the building but not the lock and leave fixtures/dispensary enclosure.

There are two additional reasons

for this requirement: The Controlled Drugs and Substances Act (CDSA) and corresponding regulations and the Health Information Protection Act (HIPA).

The Controlled Drug and Substances Act (CDSA)

Within the CDSA legislation the definition of possession is within the meaning of subsection 4(3) of the [Criminal Code](#).

Note that charges can be laid within the CDSA for any person found to be in possession of a product listed with the schedules of the CDSA, unless they are enabled to be in possession through regulation.

The Narcotic Control Regulations (NCRs) (as well as corresponding Part G of The Food and Drugs Regulations and The Benzodiazepine and Other Targeted Substances Regulations) indicate a pharmacist may be in possession of a drug listed within those regulations for the purpose of their business.

From the NCRs:

Authorized persons

3 (1) A person is authorized to possess a narcotic if the person has obtained the narcotic in accordance with these Regulations, in the course of activities conducted in connection with the administration or enforcement of an Act or regulation, or from a person who is exempt under section 56 of the Act from the application of subsection 5(1) of the Act with respect to that narcotic, and the person

(a) requires the narcotic for their business or profession and is

(ii) a pharmacist, or

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The NCRs enable a licensed dealer, practitioner, hospital employee (with the caveat that possession is intended to include and be supervised by the hospital administrator or his delegate(s), a hospital practitioner, as well as a Health Canada inspector, a peace officer, RCMP officer or agent working with the police to be in possession of drugs listed within the regulations.

Anyone not included within the regulations cannot legally be in possession of a narcotic. This means that a pharmacy employee who is not a pharmacist may not be in the pharmacy without a pharmacist present or they could be considered to be in 'possession' and subject to enforcement under the legislation.

The Health Information Protection Act (HIPA)

HIPA outlines the collection, use, storage, disclosure and destruction of personal health information in Saskatchewan. Only trustees as defined under this Act may be in possession of personal health information.

(t) "trustee" means any of the following that have custody or control of personal health information;

(ix) a proprietor as defined in The Pharmacy and Pharmacy Disciplines Act;

SCPP permits the area of the business, which has been designated as the pharmacy, and in doing so limits who may access personal health information to those trustees of the proprietor.

HIPA outlines the duties of the trustee including:

Duty of Trustee to Protect Personal Health Information

Duty to protect

16 Subject to the regulations, a trustee that has custody or control of personal health information must establish policies and procedures to maintain administrative, technical and physical safeguards that will: (a) protect the integrity, accuracy and confidentiality of the information;

(b) protect against any reasonably anticipated: (i) threat or hazard to the security or integrity of the information; (ii) loss of the information; or (iii) unauthorized access to or use, disclosure or modification of the information; and

(c) otherwise ensure compliance with this Act by its employees.

SCPP reminds pharmacy managers to ensure that only pharmacists have keys to the building/business and that no non-pharmacist staff are in the store/pharmacy when the pharmacist is not present. If the pharmacy has a suitable lock and leave installed for which ONLY the pharmacists have the authority to unlock, then other pharmacy staff may have keys to the building/business and staff may be on site without the presence of a pharmacist. ■

Connect with us to get the latest news and updates from the College, helpful practice tips, key resources, important reminders, and more!



Council Highlights

March 22-23, 2023



Environmental Scan

- Continued concerns have been expressed on the delay of requests with Exception Drug Status (EDS).
- With the shortage of family physicians, appreciation has been expressed for SCPP enabling pharmacists to extend prescriptions for three months.
- Health and human resources continue to be an issue in pharmacies.
- Drug shortages continue (e.g., Budesonide nebs, Amoxicillin, Amoxi-Clav, Polysporin eye/ear drops, Ropinerole, etc.).
- Regulatory Reform:
 - ▶ Regulatory reform is moving at a rapid pace.
 - ▶ Atlantic Canada is soon to roll out a physicians' register that would allow local doctors to fill short-term shortages more easily throughout the region without the burden of first getting licensed in neighbouring provinces.
 - ▶ British Columbia's regulator revised its bylaws in January to allow nurses to register in multiple jurisdictions, a national first, and Ontario's new "As of Right" rules allow Canadian health care workers registered elsewhere in the country to start practising immediately in the province. Nova Scotia's government passed a new Act called the *Patient Access to Care Act* on March 21, 2023. British Columbia passed their new *Health Professions and Occupations Act*, over 600 pages of legislation. This Act will result in the amalgamation from 15 regulatory colleges down to six, the implementation of a member funded oversight body, reduction of Board/Council sizes and composition of 50 per cent professionals, 50 per cent public. All Board/Council members will also be appointed by the Government.
- COVID-19:
 - ▶ SCPP has been in provincial meetings on post-pandemic strategies to discuss:
 - Rapid Antigen Test supply.
 - Implications of Health Canada approved self-test kits for COVID and Influenza A and B.



- Pharmacists will be able to assess for and prescribe Paxlovid until Oct. 31, 2023, as per the directive from the Ministry of Health.
- Prescription Review Program:
 - ▶ The 2019 Provincial Auditor report included a recommendation that the Ministry of Health establish a risk-based approach to identify concerns in opioid dispensing in Saskatchewan pharmacies. Initial discussions have been had with an external consultant regarding the PRP. Both the Quality and Competency and Complaints divisions of SCPP are working on strategies to establish a risk-based approach to opioid dispensing, in conjunction with the PRP.



Financial Report

- The 2022 year-end audit occurred with Virtus Group on March 1, 2, and 3. There will be an Audit Committee meeting held on April 20, 2023.
- Overall, the year-end revenue came in very close to budget with the exception of revenues that are not budgeted for due to policy (Discipline fines and costs, Alternative Dispute Resolution (ADR) fees and costs, etc.).
- Expenses were less than budgeted, mostly because of less travel for Council meetings (all virtual in 2022), committee meetings, and Discipline hearings. Also, some members do not submit for expenses.
- Overall, the College remains in a healthy financial position.

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Strategic Implementation Plan

- Upon receiving approval in principle from Council to proceed with the draft competency framework, SCPP staff were able to build out a four-to-five-year plan to deliver on the competency assurance and auditing/assessment goal. The competency assurance build out will go beyond the current strategic plan, which ends at the end of 2024.
- The 2023 strategic implementation plan and beyond will be weighted with Part K and M, Bill 81, and Bill 120.
- The SCPP office is growing with the addition of new resources (legal, corporate services, a competency and quality assurance facilitator and an additional administrative assistant). There are many projects in the 2023 implementation plan that are awaiting the start of both the Director of Corporate Services and the Director of Legal Services.
- Council approved the 2023 strategic implementation plan as presented.



Governance and Elections Update

- As reported at the last Council meeting, SCPP did not receive any interest for the Rural/Remote Pharmacist category for Council. Thus, there will not be an election held in 2023. As per the Administrative Bylaws, a call for interest was opened to members in January and closed on March 29, 2023. Any applicants will be vetted by the Human Resources and Governance Committee and a recommendation will be brought forward for appointment by the Council in June.

- With Bill 120 – *The Miscellaneous Statutes (Health Professions) Amendment Act, 2022* expected to be approved at the end of spring, it will remove all aspects of Council from *The Pharmacy and Pharmacy Disciplines Act* and place this information into the SCPP Administrative Bylaws.
- With the modernization of the Act, the Human Resources and Governance Committee will be able to complete the final phase of modernizing the Council structure in 2023.
- Appointments:
 - ▶ Zack Dumont is the current appointee to the University of Regina (U of R) Senate and has been finishing the term of Dr. Linda Sulz since March 31, 2022. This term ends on June 30, 2023. Council appointed Zack Dumont to the U of R Senate for a three-year term until June 30, 2026.



Competency Assurance Update

- With the approval by Council in principle of the draft framework (see CAPtivate later in SCOPe) for consultation, Competency Assurance Director, Shauna Gerwing and Deputy Registrar, Lori Postnikoff have created a four-to-five-year work plan to move the draft competency assurance framework forward, including a reporting and auditing plan.
- The four-to-five-year plan would take place in phases, including:
 - ▶ Transitioning continuing education (CE) to continuing professional development (CPD).
 - ▶ PREM (Patient Reporting Experience Measure) Pilot and Practice Improvement (PI).
 - ▶ Peer and Non-Peer feedback.
- Now that the draft framework has been approved in principle and has been built out in phases, SCPP staff will be engaging stakeholders for feedback as they work through each of the three phases.
- SCPP remains on task to move ahead with onboarding an additional pharmacist facilitator for competency and advanced scope of practice.

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Quality Improvement Reviews Report

- Assistant Registrar, Jeannette Sandiford presented the Field Operations report to Council.
- Top safety issues include:
 - ▶ Continuous Quality Improvement (CQI) Plan Deficiencies: The lack of a complete CQI plan is the most common issue identified during Quality Improvement Reviews (QIRs). The most frequent deficiency is identifying Medication Safety Self-Assessment (MSSA) improvement initiatives and staff safety training. Additionally, CQI plans are not always monitored and updated at CQI meetings. Some pharmacies are not having regular CQI meetings or documenting when a CQI meeting is being held. There will be a focus on the monitoring and updating of CQI Plans as the second round of QIRs is completed.
 - ▶ The *Controlled Drugs and Substances Act* (CDSA) Related Issues:
 - Destruction – Some pharmacies do not have a process in place for regular destruction of these drugs.
 - Regular narcotic counts/narcotic reconciliation – These counts and reconciliations are not always being completed regularly (at least quarterly).
 - Reporting losses to the Office of Controlled Substances (OCS) and SCPP – Some pharmacies are only reporting losses to OCS and not SCPP. Others were not reporting losses to either OCS or SCPP.
 - Prohibited exempted codeine pack size – Some pharmacies were stocking pack sizes above the 50-tab allowed.
 - ▶ Prescribing:
 - Incomplete Pharmacist Assessment Record (PAR) – Not all the required clinical information is being documented in the PAR.
 - Minor Ailments – Follow up is not always done with the patient and documentation of the follow up is not always completed.
 - ▶ Incident Reporting and Analysis:
 - Contributing factors – Some pharmacies are not identifying the causal/contributing factors of the incidents, so the “why” an incident occurred is not always clear.
 - System-based solutions – Some pharmacies are not including a system-based solution to prevent the incident from occurring again.
- Not all staff reporting – Only a limited number of pharmacy staff reporting, mostly just the pharmacy manager.
- ▶ Pharmaceutical Information Program (PIP) Issues:
 - Accuracy – The main issue is that failed transactions are not being reviewed regularly (daily). Other issues were not completing prescription transfers in PIP and not being aware of how to resolve Over the Counter/Natural Product Number (OTC/NPN) issues.
 - Privacy – Some pharmacies are not completing PIP Audits regularly.
- ▶ Compounding:
 - Facility compliance – Some pharmacies had not yet provided photos to confirm facility and equipment compliance.
- Medication Safety Culture Indicator Matrix (MedSCIM) assessments are being completed as part of the QIRs. See the table for the results from the QIRs completed from Nov. 1, 2022 – Feb. 28, 2023. The MedSCIM assessment involves looking at the narratives of medication incidents reported and assessing the report for completeness and maturity. As a basis for comparison, the MedSCIM results for Sept. 1, 2022, to Oct. 31, 2022, are also provided. Although a direct comparison cannot be made between these two results as different pharmacies are being assessed, it does allow an opportunity to see any improvements.
- From a practical standpoint, most incident reports have included a good description of what the error was and why/how it happened. There has been some improvement with regards to maturity, with pharmacies identifying contributing factors for the incidents, as well as indicating a system-based strategy to prevent the incident from recurring. However, there are still some pharmacies that are not reviewing the root cause or “why” the error occurred, what the contributing factors were, or determining a strategy to prevent it from occurring again, which would explain why there are still incidents that are being assessed in the yellow zone.
- In addition to QIRs, the Field Operations team are also completing pre-opening, renovation, and relocation inspections. The following are the statistics for these types of inspections starting Jan. 1, 2023.

Inspections	Completed	Files Open (Pending Inspections)
New Pharmacies	0	6
Renovations/Relocations	6	41
Total	6	47

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MedSCIM Results Sept. 1, 2022 – Oct. 31, 2022



1.0 %



41.9 %



57.1 %

		Grade D – Pathological	Grade C – Reactive	Grade B – Calculative	Grade A – Generative
Core Event Description	Level 1 – Report fully complete	0	29	60	89
	Level 2 – Report semi-complete	0	44	48	16
	Level 3 – Report not complete	0	1	2	0

MedSCIM Results Nov. 1, 2022 – Feb. 28, 2023



1.4 %



51.6 %



47 %

		Grade D – Pathological	Grade C – Reactive	Grade B – Calculative	Grade A – Generative
Core Event Description	Level 1 – Report fully complete	0	47	66	129
	Level 2 – Report semi-complete	2	124	78	31
	Level 3 – Report not complete	0	5	0	0

The medication incident provides insufficient information to allow meaningful qualitative analysis.

The medication incident provides sufficient information to describe the medication incident. No information is provided about contributing factors.

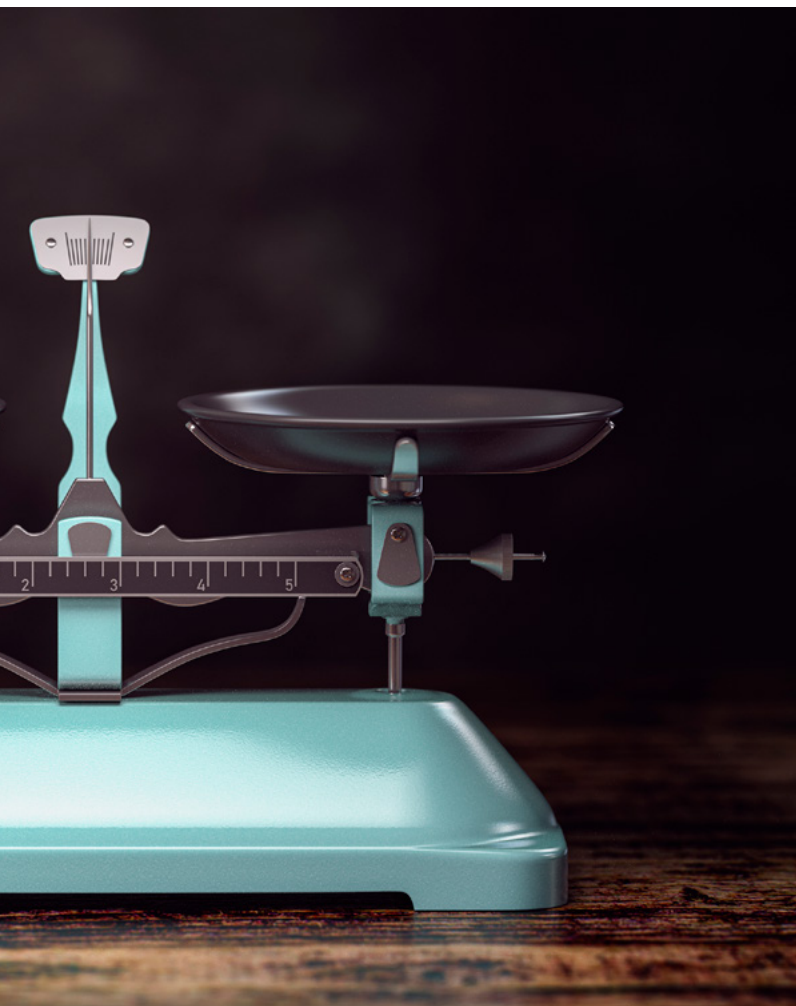
The medication incident provides sufficient information to describe the medication incident and contributing factors.

The medication incident is treated as an isolated incident. No solutions are offered to prevent future recurrence.

The medication incident focuses on human behaviours instead of a systems-based approach.

The medication incident uses a systems-based approach to describe the root cause. No solutions are offered to prevent future recurrence.

The medication incident uses a systems-based approach to describe the root cause and develop possible solutions to prevent future recurrence.



As such, the field officers and the field officer/certified compounding inspector have been working through their QIR inspection schedules to assess pharmacies for compliance to ensure the standards are being met for the safety of the public. A summary of findings:

► Level A:

- As of Feb. 28, 2023, 254 (of 363) have been inspected and assessed for compliance. Documentation compliance is being reviewed in conjunction with completion of the second round QIRs.
- Issues identified:
 - Lack of a dedicated lab coat or disposable gowns.
 - Concerns around state of cleanliness.
 - Space limitations for dedicated compounding areas in pharmacies built to meet minimum space requirements for a dispensary (100 sq. ft.).
 - Misconceptions around the definition of a dispensary and that the compounding area must be in or accessible through the dispensary as per the bylaws.

► Level B:

- 50 (of 51) pharmacies have been inspected and assessed for compliance.
- Pharmacies that were inspected for facility compliance early on in implementation (due to renovation or being a new pharmacy) are being followed up with to review documentation.

► Level C:

- Two (of seven) pharmacies have ongoing renovation applications for Level C compliance.
- One pharmacy received a second compliance inspection in January (pharmacy had relocated in 2021, and initial compliance inspection was completed, and full compliance required at the time of relocation).

► Sterile:

- Two pharmacies were required to cease sterile compounding operations as per the December 2022 Council meeting due to ongoing renovations. One pharmacy has since resumed as they have completed renovations and passed inspection.

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Complaints Report

- Average days to completion of complaints has decreased year over year, largely due to an increase in the frequency of meetings; every two months instead of every three months, as of 2021.
- Large majority of complaints against pharmacists; small minority against proprietors. No complaints against technicians in 2022.
- Complaints initiated in 2022 were by:
 - Public: 141
 - SCPP Registrar: 54
 - Health Care Workers: 85



Compounding Report

- The deadline to be fully compliant with the NAPRA Compounding Standards occurred on Aug. 31, 2022.

Other Business

- Inducements:
 - ▶ SCPP Council sets the direction and priorities of the College and incentives and inducements remain on its radar and risk matrix and, as such, are discussed at each Council meeting. There remain many competing priorities within the profession and therefore Council must prioritize and direct the work of the SCPP office accordingly. Council also continues to monitor the situation across Canada with respect to incentives and inducements, as there are many complexities to the situation that are not resolved by simply banning loyalty programs.
 - ▶ While SCPP discourages the use of incentives and inducements in all pharmacy practice, currently the following restrictions apply:
 - OAT Standards prevent the use of any incentives or inducements on OAT services; and
 - SCPP supports the DPEBB policy that no incentives or inducements are permitted on pharmacy services such as COVID and influenza immunizations, as well as any minor ailment prescribing.
 - ▶ If anyone is aware of incidents of patient harm as a result of inducements, they are asked to forward the specifics regarding the harm in a de-identified manner to the College at info@saskpharm.ca.
- medSask Minor Ailments:
 - ▶ medSask continues their work on updating and modernizing the current Minor Ailment Guidelines. The last two Minor Ailments that were to be reviewed were Headaches and Smoking Cessation. medSask presented updates for Headaches. In addition, Allergic Rhinitis has been reviewed and updated as there have been new prescription options that have been added as treatment options.
 - ▶ Council approved the medSask recommendations for both Headaches and Allergic Rhinitis.
- CPDPP and Person-Centred Care:
 - ▶ This licence renewal season (2023-24) will see all Practising and Non-Practising members complete the EDI course that was created jointly across provinces.
 - ▶ CPDPP provided a presentation to Council on person-centered care education initiatives that they are currently developing in conjunction with other pharmacy regulatory bodies.
- Pharmaceutical Information Program (PIP) Data Quality Presentation:
 - ▶ Perry Hermanson from eHealth Saskatchewan presented a PIP Data Quality report to Council.
 - ▶ PIP Data quality is measured along three criteria: Accuracy, Completeness, and Timeliness.
 - ▶ There were 12,030 failed transactions in February; 994 transactions were narcotics and 74 were exempted codeine products.
 - ▶ January saw an outage for all pharmacies using the HealthWATCH software (Shoppers Drug Mart and Loblaws pharmacies), which prevented approximately 74,000 prescriptions reaching the PIP. This has been under remediation but as of March 17, there remained 500 prescriptions still to be remediated.
 - ▶ Challenges include:
 - Patient pickup messages are not standardized provincially.
 - Patient pickup message data trend continues upwards.
 - eHealth data is reliant on data received from vendors.
 - Ensuring prevention and timely cleanup of all failed transactions by pharmacies.
 - Duplicate active prescriptions.
 - Accurate and usable downstream display of PIP data in eHR Viewer and MySaskHealth.
 - ▶ To meet challenges and mitigate risks, eHealth is:
 - Looking to improve process around ad hoc failed transaction analysis and vendors.
 - Supporting HealthWATCH in any efforts/ collaboration needed to improve processes and system reliability.
 - Improving communication processes for more timely notification to PIP approvers. ■





Point 10 in the Code of Ethics: *'A member shall be a willing, sincere, and diligent preceptor in the training and education of future pharmacists, pharmacy technicians, and others'* not only refers to your responsibility as a member of the profession of pharmacy in Saskatchewan to the students of Saskatchewan pharmacy programs, but to all candidates for membership in the profession of pharmacy in Saskatchewan. Your participation as a diligent preceptor is vital to safeguarding the future of this profession.

The SCPP Appraisal and Assessment Program (formerly the "Appraisal Training and Assessment Program") for internationally trained/foreign pharmacy graduates and candidates returning to practice following extended absences, ensures candidates for membership have the skills, knowledge and competency to practise independently and safely as a pharmacist.

The Appraisal and Assessment Program consists of two periods of evaluation: the Appraisal process and the Assessment process. The program requires pharmacist candidates to first complete a minimum of 800 hours to a maximum of 4000 hours of practice in the Appraisal process, which includes an introduction to the Canadian health care system and an orientation to practise in Saskatchewan, as well as ensuring the candidate meets the NAPRA Professional Competencies for Canadian Pharmacists at Entry to Practice.

The Assessment Process is a secondary evaluation of the candidate that follows the successful completion of the Appraisal Process. It consists of an 80-hour (two-week) evaluation of the pharmacist candidate's competency to practise. SCPP requires this secondary evaluation to ensure the candidate has undergone a thorough, independent, and unbiased assessment of their competency to practise. The Assessment process is not a training process and is strictly the evaluation of a candidate's competency and readiness to practise independently.

The Assessment process ensures there is transparency and fairness in the evaluation of candidates for membership.

The College is renewing an urgent call for pharmacist assessors for the 80-hour (two-week) assessment process portion of the program. Without assessors, SCPP is unable to fully license qualified pharmacists to enter the workforce.

In order to ensure the Assessment process is fair to both the candidate and the assessor, SCPP asks that assessors have:

- Precepted a third or fourth year PharmD student (or BSP student) from the University of Saskatchewan (U of S) within the last three to five years;
- Preferably completed a preceptor training course;
- No restrictions on their licence,

no open complaint investigations, and are otherwise of good moral character;

- Been practising in Canada full-time for the past three years, preferably with at least one year practising in Saskatchewan; and
- For non-pharmacy managers, the consent and support of the pharmacy manager in the assessment of a candidate on behalf of SCPP.

What assessors receive in return for their participation in the two-week Assessment process:

- Experience as an evaluator in a formal evaluation process;
- A working relationship with a potential future colleague in the profession;
- Input in the SCPP Appraisal and Assessment Program; and
- An Honorarium of \$400.

All members who are interested in becoming assessors for the College are encouraged to contact SCPP Deputy Registrar, Lori Postnikoff at lori.postnikoff@saskpharm.ca.

Please consider being an integral part of this important program and furthering the development of the profession of pharmacy in Saskatchewan.



Hydromorphone: Risks and Strategies

The Prescription Review Program (PRP) is Saskatchewan's educationally focused prescription monitoring program administered by the College of Physicians and Surgeons of Saskatchewan (CPSS). CPSS sent correspondence to bring to your attention the risks of misuse and diversion associated with hydromorphone (particularly brand-name Dilaudid®) and offer some strategies to reduce the risks.

Immediate release hydromorphone is the second most commonly misused/diverted medication that the PRP sends alerts to physicians about (primarily due to RCMP active investigations).

The 2019 Provincial Auditor's report noted that a total of 441,354 opioid prescriptions were filled in Saskatchewan for the 2018-2019 fiscal year with 45 per cent of that total for hydromorphone. Additionally, according to the Saskatchewan Coroner's Service report for drug toxicities between 2010 – 2021, hydromorphone has consistently been one of the leading contributing medications involved in opioid overdoses and deaths.

Hydromorphone is a strong semi-synthetic opioid agonist with a similar chemical structure to morphine. Despite its appealing prescribing characteristics (e.g., acceptable use in renal impairment vs. morphine) and flexible dosing, hydromorphone has a high misuse potential and may lead to severe psychological or physical dependence.

Studies suggest that hydromorphone has a pharmacodynamic profile similar to heroin and may be

subjectively indistinguishable from heroin when injected. As a result, it has a high propensity to be misused.

Red Flags for Drug-Seeking Behaviour

- "Allergies" to weak opioids or NSAIDs;
- Knows clinical terms/street names for drugs;
- Requests specific drugs;
- Signs of intoxication or misuse; or
- Patient is from outside of the local area.

Red Flags for Aberrant Prescription Drug Use

- Rapid increase in doses/frequent changes needed/unsanctioned dose increases;
- Refusal to engage in non-pharmacological or non-opioid therapy;
- Requests for replacement prescriptions for lost or stolen opioids;
- Frequent requests for early refills;
- Requests for brand-name (instead of generic) or short-acting (instead of long-acting products) [These products have a higher street value]; or
- Missed follow-up assessments.

Recommended Strategies

1. Set prescribing boundaries from the get-go and ensure that expectations are reflected in a patient treatment agreement; have compassion but be aware of manipulation.
2. Utilize screening tools:
 - a. Opioid Risk Tool – assessment of addiction risk.
 - b. Visual Analog Scale – objective assessment of pain (useful in follow-up monitoring).
 - c. Urine drug screens:
 - i. While the frequency of urine drug screens is dependent on clinical judgment, requiring a minimum of annual screens (more frequent when potential risks are identified) for all patients prescribed chronic opioid therapy as a universal precaution reduces stigma.
 - ii. Recommended as a risk mitigation strategy in the 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain.

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3. Where brand-name formulations are not medically necessary, indicate “**generic only – no substitution**” on your prescriptions – **noting no substitution will not permit the pharmacist to substitute with brand-name if the patient requests the brand-name formulation.**
4. Check PIP to assess for cases of polypharmacy, early renewals, and multi-doctoring.
5. When structure is necessary and/or red flags exist, increase the frequency of dispenses (e.g., biweekly, weekly, daily).
6. Require random pill counts - you may request that the pharmacy perform random pill audits and report the results to you to ensure that the expected medication remains in relation to the date of dispense.
7. Consider a second opinion for patients who are prescribed high doses and/or before providing a dose escalation.
8. Patients who are fiercely resistant to discussions about optimizing therapy using non-pharmacological and/or non-opioid strategies may have a poorly concealed opioid disorder and may benefit from opioid agonist therapy (note: prescribing authorization is required to prescribe OAT for opioid use disorder).
9. Prescribe take home naloxone liberally – liken it to a first aid kit.

From the College of Physicians and Surgeons ■



Reminders

Pharmacy Manager Bylaws and Policy

- All current pharmacy managers must complete the [Pharmacy Manager Course](#) by April 30, 2023, to ensure they meet the requirements of *The Pharmacy and Pharmacy Disciplines Act* and the SSCP Regulatory Bylaws Part I, clause 11(1)(e).
- The minimum physical presence requirements came into effect on Nov. 1, 2022. Pharmacy managers must now be actively participating in the daily practice and management of the pharmacy. See section 4 of the [Pharmacy Manager Policy](#).

We encourage all current pharmacy managers and any members who may accept the role of pharmacy manager in the future to sign up and begin the [training](#) as soon as possible. This course is facilitated through Continuing Professional Development for Pharmacy Professionals (CPDPP). You may have to wait up to five business days for your certificate of completion, which then needs to be uploaded to your member portal.

Accurate Days' Supply of PRP Meds

The Prescription Review Program (PRP) would like to remind pharmacists that it is important to enter the accurate days' supply for medications. For PRP medications, this impacts the assessment of early part-fills and calculation of morphine equivalents (for opioids).

Malpractice Insurance

Ensure you renew your malpractice insurance prior to its expiration. Please note that you cannot continue to practise without valid malpractice insurance.

Internet Pharmacies

SCPP does not permit internet pharmacies and the Regulatory Bylaws expressly prohibit medication from being shipped outside of Canada.

From Part I:

Permit Restrictions, Terms and Conditions

2 Every proprietary pharmacy permit that is granted pursuant to the Act is granted subject to the proprietor and the pharmacy manager at all times complying with the Act and these bylaws, regulations, rules and standards made there under, as well as the following additional restrictions, terms and conditions: (a) the proprietor shall not, without the written approval of the College, allow, or provide for, the shipment of drugs from the pharmacy, or the shipment of drugs ordered or procured by the pharmacy, to a location outside of Canada, or to another location in Canada where the proprietor has reason to believe that the drugs are likely to be shipped outside of Canada (by mail, courier, or otherwise) in circumstances where: (i) the pharmacy's services associated with such shipment are; or (ii) the sale of drugs associated with such shipment is in any way, directly or indirectly, advertised or otherwise promoted via e-mail, the Internet or via any other means or method accessible outside of Saskatchewan.

Deceased Members

SCCP requests notification when a member passes if and when possible. This will alleviate any additional stresses on family members from receiving unnecessary notifications and emails from the College.

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PAIN

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A



Pain Management and Opioid Use

with
Dr. Andrea Furlan, MD, PhD

April 5, 2023
7:00 p.m. CST

B



Canadian Guideline for Opioids for Chronic Non-Cancer Pain

with
Dr. Jason Busse, DC, PhD

April 19, 2023
7:00 p.m. CST

C



Opioid-Induced Pain States

with
Dr. Launette Rieb,
MD, MSc, CCFP(AM), FCFP, DABAM, FASAM

May 3, 2023
7:00 p.m. CST

D



Opioid Deprescribing

with
Dr. Rob Tanguay,
BSc(Hons), MD, FRCPC, CISAM, CCSAM

May 10, 2023
7:00 p.m. CST

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CAPtivate

[Competency Assurance Program Updates]

SCPP continues its work developing the new Competency Assurance Program. Council has recently approved the framework below, in principle, to move to broad consultation. SCPP will focus on consultation, developing, testing and implementing the revised Competency Assurance Program.

Based on feedback from members, including during the Fall 2022 Focus Groups, Council has prioritized the supporting of member's transition from the current continuing education (CE) unit requirement towards members undertaking self-directed continuing professional development (CPD).

This includes types of CPD that support members in using their daily practice experiences to guide their CPD, including planned learning and extends to members using quality data and information from their practice sites to both more formally identify areas for improvement for individual practitioners and teams, and have methods of documenting the impact of their CPD on their daily practice. Focus will be on:

- Valuing and rewarding day-to-day learning.
- Valuing and rewarding planned learning in daily practice.
- Using individual pharmacy professionals' daily practice data to guide individual CPD.
- Using pharmacy team-level daily practice quality data to guide team-based CPD.



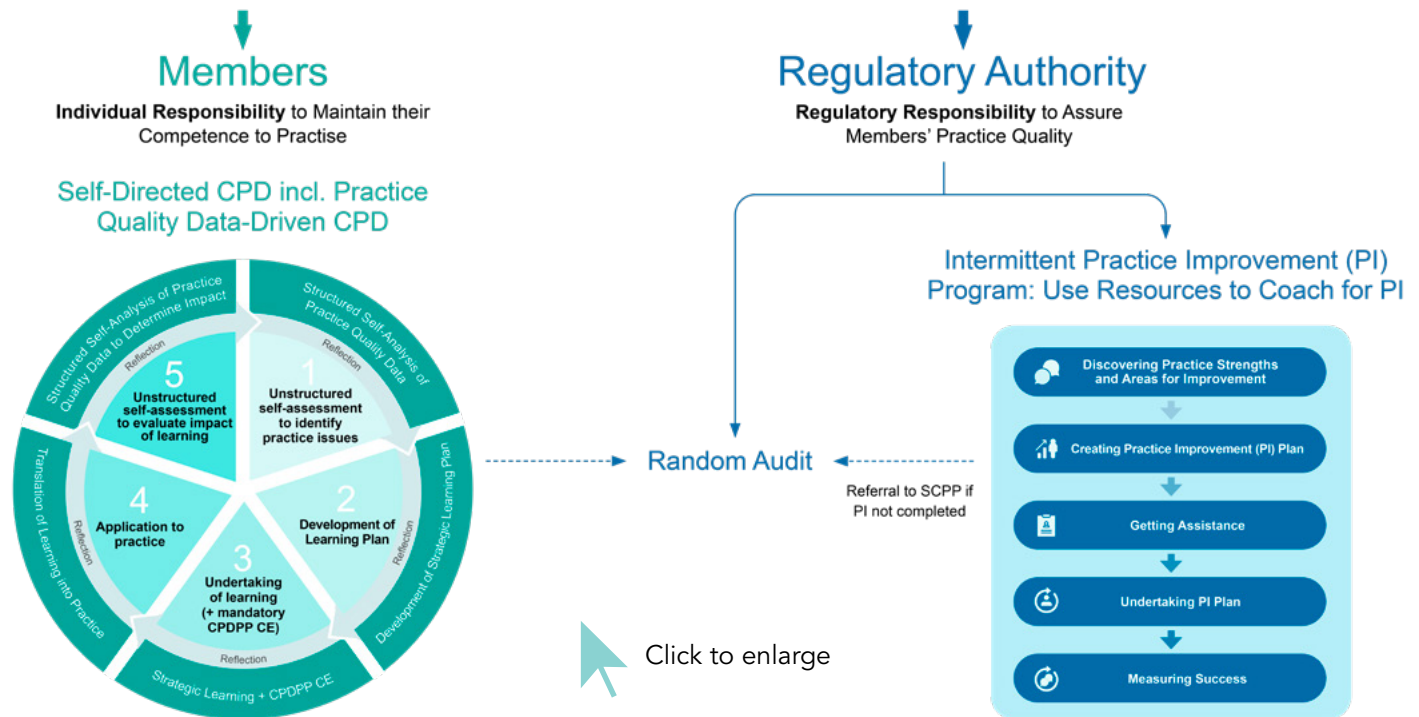
Feedback from members and from other health professions strongly indicates that members require instruction and support as they transition from traditional CE to CPD. As SCPP investigates methods of providing such support, tools are being sought that members could access easily and for their needs; tools that are clear, easy to follow, complete, and feasible for use on a regular basis; tools that provide the documentation required in an

efficient manner; and tools that reflect the needs of practising pharmacy professionals across a range of practice sites.

Further updates and opportunities for consultation will be provided as work progresses.

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Proposed Outline for SCPP's Revised Competency Assurance Program



Timeline to Date

- ▶ May 2019 – Members participate in a Competency Assurance Survey to assess pharmacy professionals' needs and preferences in continuing professional development.
- ▶ June 2019 – First learning meeting of the newly formed CAP Task Force (formerly Competency Assurance Committee/ Working Group) tasked with revamping the College's Competency Assurance Program (CAP).
- ▶ 2020 – Delays due to the COVID-19 pandemic.
- ▶ March 2021 – Consultant Nancy Winslade is contracted to lead the working group in developing a comprehensive, supportive CAP.
- ▶ May 2021 – Research and development by the Task Force gets underway.
- ▶ September 2021 – Draft program is formulated and reviewed.
- ▶ Updates presented to Council at the December 2021 meeting.
- ▶ April 2022 – A five-year plan is presented to Council and recruitment for a Competency Assurance Director begins.
- ▶ June 2022 – The Task Force composition is reviewed and is transitioned from research and design to feedback, consultation, and implementation.
- ▶ June 2022 – New Competency Assurance Director is hired and set to on-board Sept. 6, 2022 (see Staffing Comings and Goings later in SCOPE).
- ▶ July 2022 – Planning takes place for robust virtual stakeholder consultation to begin in the fall with members and other key stakeholders.
- ▶ Sept. 8, 2022 – Special Edition Microscope on the proposed CAP is published.
- ▶ Sept. 9, 2022 – In preparation for the Focus Groups, SCPP Council President Amy Wiebe, SCPP Council President-Elect Tania Schroeder, CPDPP Associate Director Danielle Larocque and consultant Nancy Winslade prepare a webinar that explains the rationale for and details of proposed CAP changes.
- ▶ Sept. 19 and 21, 2022 – Member feedback on the proposed CAP revisions through two community pharmacy-based Focus Groups is held.
- ▶ Sept. 30, 2022 – Amy Wiebe, Nancy Winslade, and Yvonne Shevchuk present the proposed CAP revisions at the CSHP – Saskatchewan AGM.
- ▶ Dec. 1, 2022 – Council is presented a summary of work to date to inform decisions and priorities to be made at a January 2023 special Council meeting.
- ▶ Jan. 19, 2023 – Council approves the proposed framework in principle for the purposes of robust consultations to occur throughout 2023. ■

Bylaw and Policy Updates

At the March meeting, Council approved, in principle, proposed amendments to modernize Parts K and M of the SCPP Regulatory bylaws, to support advanced prescribing/scope of practice. SCPP staff are working on finalizing the proposed amendments for submission to the Minister of Health. Parts I and J will be reviewed by Council at a future date to support the modernized Parts K and M of the Bylaws.



NAPRA Updates

1. **The Veterinary Drug Directorate** shared an update published on [List A: List of certain antimicrobial active pharmaceutical ingredients](#). As a reminder, individuals compounding antimicrobials on List A intended for use in animals must submit sales reports to Health Canada.
2. **Updated scope of practice charts:** NAPRA has published updated scope of practice charts for pharmacists and pharmacy technicians. These charts have been reviewed by provincial regulatory authorities across Canada:
 - a. [Pharmacists Scope of Practice in Canadian Jurisdictions](#)
 - b. [Pharmacy Technicians Scope of Practice in Canadian Jurisdictions](#)
3. **Update to Health Canada's Controlled substances guidance for community pharmacists:** Health Canada has published an updated version of its [Controlled substances guidance for community pharmacists: security, inventory reconciliation and record-keeping](#). Included among the updates are the following:
 - a. Removal of information related to handling post-consumer returns and unserviceable stock and instead referring to the [separate guidance documents](#) on those topics.
 - b. "Regular inventory reconciliations" now required.
 - c. Addition of information related to the [Section 56](#) exemption (allowing transfers, renewals, verbal Rx, delivery, etc.).

- d. Addition of pharmacy closure or transfer of ownership expectations of pharmacy teams.
- e. Additional section on Notices of Restriction.
- f. Enhancements to readability.





Notes from the Field

Providing Faxed Prescriptions to Patients

Lately, SCPP has had some requests for information regarding whether it is acceptable to provide a patient with a hard-copy faxed prescription when the pharmacy is not able to fill it.

In some cases, the pharmacist has affixed a stamp and/or signed the prescription to indicate it came from a valid prescriber. Members are reminded that faxed prescriptions are only valid when they come directly from the prescriber.

They are not valid if provided to the patient regardless of any stamp or signature that the pharmacist applies to the faxed prescription. This is to ensure that the pharmacist can confirm the authenticity of the prescription. Also, there is always the opportunity for the patient to alter a faxed prescription.

If a pharmacy receives a faxed prescription for a patient that they are not able to fill, due to lack of stock or another reason, the correct procedure would be to first enter the prescription into their system and then transfer it to the patient's pharmacy of choice. The transfer of a prescription medication must be per SCPP Regulatory Bylaw, sections (5-8) of Part N. More information on electronic prescriptions, including faxed prescriptions [can be found here](#).

One Pharmacy Providing Inventory to Another Pharmacy

Recently, SCPP was made aware of one pharmacy ordering from the wholesaler and providing medication inventory to another pharmacy. This was instead of the first pharmacy having their own account with a wholesaler. Both pharmacies had the same owner.

The practice of one pharmacy providing stock to another pharmacy (other than in emergency situations) is

prohibited according to the Food and Drugs Regulations unless the supplying pharmacy has a Drug Establishment Licence (DEL) (C.01A.002) with Health Canada to be a wholesaler. The definition of a wholesaler as per **section C.01A.001 of the Food and Drug Regulations** is:

***wholesaler** means a person who is not a distributor described in section C.01A.003 and who sells any of the following drugs other than at retail sale:*

(a) a drug in dosage form that is listed in Schedule C or D to the Act, a drug that is a prescription drug or a controlled drug as defined in section G.01.001;

(b) an active ingredient;

(c) a narcotic as defined in the [Narcotic Control Regulations](#); or

(d) a drug containing cannabis as defined in subsection 2(1) of the [Cannabis Act](#). (grossiste)

Therefore, if one pharmacy is providing medications (even if money is not exchanged) to another pharmacy, this would be considered wholesaling and would require a Drug Establishment Licence from Health Canada.

Another practice that SCPP has been made aware of, that is also prohibited for the same reason as above, is lists being generated between pharmacies when stock is going to be expiring to see if another pharmacy can utilize the medication before it expires. This situation would also be considered wholesaling and would require a DEL.

Every pharmacy is to have their own separate wholesaler account and purchasing stock for multiple pharmacies by one pharmacy is not allowed unless the pharmacy has a DEL. Pharmacies are also encouraged to only purchase stock in quantities that will be utilized in a reasonable amount of time to prevent stock from expiring.

Level A Compounding Expectation of all Pharmacies

Recently, many Level B pharmacies have advised that they are receiving prescriptions for simple Level A compounds transferred from another pharmacy and patients are saying that the original pharmacy advised that the pharmacy can no longer compound.

As a reminder *The Pharmacy and Pharmacy Disciplines*

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Act, section 23 states:

Authorized practices

23 (1) No person other than a licensed pharmacist, licensed pharmacy technician or intern practising under the supervisions of a licensed pharmacy or licensed pharmacy technician, may prepare, compound, dispense or sell drugs in Saskatchewan.

Compounding is an authorized practice that has been granted to pharmacists, pharmacy technicians and pharmacy interns under the supervision of a licensed pharmacist or pharmacy technician. The expectation is that the public should be able to receive a Level A compound at any pharmacy in Saskatchewan in a safe manner that meets the practice standards.

other pharmacies within the region to confirm whether stock of commercially available products is available at other locations prior to proceeding with compounding. It is in the best interest of the patients, and in ensuring patient safety, that pharmacies/pharmacy professionals are collaborating during shortages such as this. ■

Unnecessary Amoxicillin Compounding

SCPP has received reports that there has been unnecessary compounding of amoxicillin at pharmacies while stock has been readily available within other pharmacies located within the same city.

As per [Health Canada's Policy 51](#), compounding of commercially available products that are currently experiencing shortages should only occur when supply of commercially available stock is unavailable.

This includes collaborating and communicating with



Facebook private group open to members, interns, and students. Get up-to-the-minute news and alerts. Click here.



Discipline Matters

The Discipline Committee considers the primary purpose of a discipline proceeding to be the protection of the public and the pharmacy profession as a whole. The Discipline Committee is aware that the public must have confidence in the profession's ability to regulate itself in a manner that protects the public. All Decisions and Orders of the Discipline Committee are posted on the CanLII website in their entirety on [CanLII](https://canlii.org/).

Milind Patel, Olatunji Obidiya and ST Enterprises Ltd. o/a 33rd Street Pharmacy

On June 28 and Oct. 27, 2022, the Discipline Committee convened a hearing to hear and determine charges of professional incompetence and professional misconduct against pharmacists Milind Patel and Olatunji Obidiya, and charges of proprietary misconduct against the proprietor ST Enterprises Ltd., operating as 33rd Street Pharmacy. The hearing proceeded via an agreed statement of facts and a joint submission on penalty.

The notices of discipline hearing described the charges summarized below:

1. Charges against Milind Patel:

- a. In or about April 2021 Milind Patel accessed information contained on the Pharmaceutical Information Program and eHealth Saskatchewan through eHR viewer without an appropriate authorized health purpose.
- b. In or about April 2021, in his position as pharmacist and privacy officer of ST Enterprises Ltd. o/a 33rd Street Pharmacy, Milind Patel failed to oversee and actively monitor a pharmacy assistant allowing the pharmacy assistant to access information contained on the Pharmaceutical Information Program and eHealth Saskatchewan through eHR viewer without an appropriate authorized health purpose.

2. Charges against Olatunji Obidiya and St. Enterprises Ltd:

- a. In or about April 2021, Olatunji Obidiya failed to oversee and actively monitor a pharmacy assistant of ST Enterprises Ltd. o/a 33rd Street Pharmacy,

allowing the pharmacy assistant to access information contained on the Pharmaceutical Information Program and eHealth Saskatchewan through eHR viewer without an appropriate authorized health purpose.

- b. In or about April 2021, Olatunji Obidiya failed to oversee and actively monitor a pharmacy assistant of ST Enterprises Ltd. o/a 33rd Street Pharmacy, allowing the pharmacy assistant to inappropriately advertise 33rd Street Pharmacies [sic] services by going door to door soliciting clients for 33rd Street Pharmacy.

Upon reviewing and considering the evidence submitted in the June hearing and the October hearings by way of the Agreed Statement of Facts, the Discipline Committee accepted Mr. Patel's, Mr. Obidiya's and ST Enterprise Ltd.'s guilty pleas and found them guilty of professional incompetence, professional misconduct, and proprietary misconduct as defined in *The Pharmacy and Pharmacy Disciplines Act* (the "Act"). The Discipline Committee found that the conduct of the members and proprietor fell below the standard expected for the profession.

The Discipline Committee issued the following Order for professional incompetence, professional misconduct, and proprietary misconduct by Olatunji Obidiya, Milind Patel, and ST Enterprises Ltd. (The Pharmacy).

- Olatunji Obidiya, Milind Patel & ST Enterprises Ltd. shall be reprimanded.
- The Pharmacy shall pay a fine of \$8,000.
- Olatunji Obidiya and Milind Patel shall each pay a fine of \$5,000.
- The Pharmacy shall not allow Sachinkumar Patel access to PIP or eHealth until:
 - ▶ Two years from the date of the decision.
 - ▶ Sachinkumar Patel has completed the "CPEP PROBE: Ethics and Boundaries" course demonstrated by an unconditional pass and the Pharmacy provides proof of completion to the Registrar. The Pharmacy shall bear all costs of this course; and,

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- ▶ Sachinkumar Patel has completed the Pharmaceutical Information Program Training Course – Training for Approvers and Trustees and the Pharmacy provides proof of completion to the Registrar. The Pharmacy shall bear all costs of this course.
- Olatunji Obidiya and Milind Patel may continue to practise under the following conditions:
 - ▶ Within 90 days of the date of the Discipline Committee's Order, Olatunji Obidiya and Milind Patel shall complete the Pharmaceutical Information Program Training Course - Training and Approvers and Trustees and provide proof of completion to the Registrar. Olatunji Obidiya and Milind Patel shall bear all costs of these courses.
 - ▶ Within 90 days of the date of the Discipline Committee Order, Olatunji Obidiya and Milind Patel shall complete Privacy Officer Certification/Recertification and provide proof of completion to the Registrar. Olatunji Obidiya and Milind Patel shall bear all costs of these courses.
 - ▶ Within 120 days of the date of the Discipline Committee Order, Olatunji Obidiya and Milind Patel shall successfully complete the "CPEP PROBE: Ethics and Boundaries" course demonstrated by an unconditional pass and provide proof of completion to the Registrar. Olatunji Obidiya and Milind Patel shall bear all costs of these courses.
- Olatunji Obidiya, Milind Patel and ST. Enterprises Ltd. shall be liable jointly and severally liable to pay the costs of the investigation and hearing, which costs shall be fixed in the amount of \$12,000.

The entire Decision and Order is available for [review here on CanLII](#).

Glenn Murray, Deven Johnson and 102019190 Saskatchewan Ltd. o/a Legends Pharmacy

On Nov. 25, 2022, the Discipline Committee convened a hearing to hear and determine charges of professional incompetence and/or professional misconduct and proprietary misconduct against pharmacists Glenn Murray and Deven Johnson, and the proprietor 102019190 Saskatchewan Limited, operating as Legends Pharmacy. The hearing proceeded via an agreed statement of facts and a joint submission on penalty.

The Notice of Hearing described the charges summarized below:

1. Between the period Dec. 1, 2018, and Nov. 30, 2019:
 - a. On numerous and multiple occasions, Mr. Murray and Mr. Johnson failed to complete a Pharmacist Assessment Record (PAR) as required under Part K, section 2 of the Regulatory Bylaws.

- b. On numerous and multiple occasions, Mr. Murray and Mr. Johnson did prescribe and dispense a drug where the most previous prescription for that drug was issued by a licensed pharmacist contrary to Part K, clause 10(1)(c) of the Regulatory Bylaws.
 - c. On numerous and various occasions, Mr. Murray did prescribe and dispense drugs for conditions that are not eligible minor ailments as listed and authorized in the medSask Minor Ailment and Self Care Guidelines.
 - d. On numerous and various occasions, Mr. Johnson did prescribe and dispense drugs for self-care, which were not authorized in the medSask Minor Ailment and Self Care Guidelines.
 - e. On numerous and various occasions, Mr. Murray and Mr. Johnson did prescribe and dispense drugs for self-care in quantities that exceeded the medSask Guidelines.
 - f. On numerous and multiple occasions, Mr. Murray and Mr. Johnson submitted to the DPEBB and received from the DPEBB prescriptive authority fees and professional service fees that you were not entitled to receive.
2. Between the period of December 2018 to October 2019 and on numerous and multiple occasions, Mr. Murray and Mr. Johnson sold Acetaminophen/Codeine/Doxylamine to a number of patients in quantities contrary to Part J, section 8 of the Regulatory Bylaws.
3. Legends Pharmacy and Legends Medical Clinic operating as 102019183 Saskatchewan Ltd. entered into a Collaborative Practice Agreement (the "Agreement") dated Feb. 1, 2018. Part K, clause 4(2)(b) of the Regulatory Bylaws states that an Agreement must describe the authority of the licensed pharmacist or licensed pharmacists to prescribe drugs in accordance with the Bylaws. Under the headings "Pharmacist prescriptive authority", "Monitoring Patients with Chronic conditions" and "Initial prescribing", the Agreement makes a number of statements and provides a number of examples.
4. Proprietors and members must have access to and comply with the provisions of a Reference Manual published by the College. The Reference Manual includes a Collaborative Practice (Prescribing) Agreement template along with a document entitled "Framework for Developing a Safe and Functional Collaborative Practice Agreement". Contrary to the template and the framework, this Agreement:
 - a. Does not specify the type of practice model and organization of care.
 - b. Does not include a declaration of team member responsibilities, duties and liabilities, contact information and credentials of team members.

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- c. Does not describe documentation protocols and procedures.
 - d. Does not describe communication protocols and procedures.
 - e. Does not describe and specify the boundaries and limits to scopes of practice.
 - f. Does not describe an evaluative process, which is to be used as a quality assurance mechanism to monitor the team function and health outcomes.
 - g. Does not provide that the respective bodies for each profession should be made aware of the collaborative initiative.
5. All elements of a patient interaction under a Collaborative Practice Agreement must be documented to include, inter alia, patient health information, rationale for prescribing, previous or planned interventions, recommendations for follow-up, consultations and referrals to other members of the health care team, a treatment plan and anything else that is pertinent to the patient's care. In most if not all cases, where the pharmacists at Legends prescribed under this Agreement, documentation was either minimal or absent.

Upon reviewing and considering the evidence submitted by way of the Agreed Statement of Facts, the Discipline Committee accepted Mr. Murray's, Mr. Johnson's, and 102019190 Saskatchewan Ltd. o/a Legend's Pharmacy's guilty plea and found them guilty of professional misconduct, professional incompetence, and proprietary misconduct as defined in *The Pharmacy and Pharmacy Disciplines Act* (the "Act") and provisions of the Regulatory Bylaws and the NAPRA Model Standards.

The Discipline Committee accepted the joint submission on penalty from Ms. Darcia Schirr, K.C. counsel for the College and Mr. Mark Vanstone, counsel for Mr. Murray, Mr. Johnson, and 102019190 Saskatchewan Ltd. ("Legends Pharmacy"), which included:

1. Mr. Glenn Murray, Mr. Deven Johnson, and 102019190 Saskatchewan Ltd. o/a Legends Pharmacy shall be reprimanded.
2. 102019190 Saskatchewan Ltd. o/a Legends Pharmacy shall pay a fine in the amount of \$10,000.
3. Mr. Murray shall pay a fine in the amount of \$5,000.
4. Mr. Johnson shall pay a fine in the amount of \$3,500.
5. Mr. Murray and Mr. Johnson may continue to practise under the following conditions:
 - a. Within 60 days of the date of the Discipline Committee Order, Mr. Murray and Mr. Johnson shall each complete the CPDPP "Prescribing for Minor Ailments and Self Care: Basics" and provide proof of completion to the Registrar. Mr. Murray and Mr.

Johnson shall bear all the costs of the course. In addition, Mr. Murray and Mr. Johnson shall each provide a declaration to the Registrar that they have read and reviewed all the current Minor Ailment Guidelines.

- b. Within 60 days of the date of the Discipline Committee Order, Mr. Murray and Mr. Johnson shall complete the CPDPP Prescribing for Minor Ailments and Self Care: Basics Course and provide proof of completion to the Registrar. Mr. Murray and Mr. Johnson shall bear all the costs of the course.
 - c. Mr. Murray and Mr. Johnson shall each successfully complete the "CPEP PROBE: Ethics and Boundaries" course demonstrated by an unconditional pass and provide proof of successful completion to the Registrar. Mr. Murray and Mr. Johnson shall each bear the cost of the course.
6. Pursuant to clause 35(1)(g) of the Act, the proprietor's permit for 102019190 Saskatchewan Ltd. o/a shall be subject to the following conditions:
- a. For a period of two years from the date of the Order, Legends Pharmacy shall be subject to bi-annual pharmacy inspections and records reviews by the College field officer, the costs of each inspection shall be fixed in the amount of \$2,200. Legends Pharmacy shall follow any and all recommendations made by the College. The inspections shall be in addition to any of the routine practice assessments conducted by the College.
 - b. Glenn Murray, Deven Johnson, 102019190 Saskatchewan Ltd. o/a Legends Pharmacy shall be jointly and severally liable to pay the costs of the investigation and hearing, which costs shall be fixed in the amount of \$30,000.

The entire Decision and Order is available for [review on CanLII](#).

SRX Pharma Inc.

On Nov. 30, 2022, the Discipline Committee convened a hearing to hear and determine charges of proprietary misconduct against the proprietor SRX Pharma Inc., operating as SRX Pharmacy. The hearing proceeded via an agreed statement of facts and a joint submission on penalty.

The agreed statement of facts described the charges summarized below:

1. Between the period of June 19, 2017, to June 30, 2018:

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- a. SRX Pharma Inc. directed the pharmacy manager DM [sic] to submit claims and invoices to Indigenous Services Canada and/or its agent Express Scripts Canada showing the maximum allowable costs under the NIHB Benefits Program for pharmaceutical products used to treat hepatitis when the actual acquisition costs for those products were substantially less than the maximum allowable cost.
- b. SRX Pharma Inc. directed the pharmacy manager, DM, to contact the drug wholesaler to have the invoices altered to match the NIHB maximum allowable cost of the prescription product [sic].
- c. SRX Pharma Inc. directed the pharmacy manager DM [sic] to submit these claims and invoices when they knew or ought to have known that the claims and invoices were misleading as the costs shown were not the actual acquisition costs [sic].
- d. SRX Pharma Inc. provided false and misleading information to the pharmacy manager DM [sic] regarding the billing processes of the NIHB Program.
- e. SRX Pharma Inc. interfered with and did not allow the pharmacy manager DM [sic] to exercise their authority and responsibility in operating the pharmacy and specifically, in managing the billing processes of these pharmaceutical products.

Upon reviewing and considering the evidence submitted by way of the Agreed Statement of Facts, the Discipline Committee accepted SRX's plea and finds SRX guilty of proprietary misconduct as defined in the Act.

In considering the amended Joint Submission as to Penalty, the Discipline Committee took into account the seriousness and scale of SRX's misconduct. However, in addition to SRX's failure to meet the standard expected for proprietors, the Discipline Committee is acutely aware of the context in which

SRX's misconduct took place. SRX exploited a government initiative designed to improve access to health care services for First Nations and Inuit peoples who have been subject to injustice and discrimination in Canada and who continue to face substantial social and economic disparities, including in relation to health services. The Discipline Committee finds that an appropriate sanction in the circumstances should reflect the nature of SRX's egregious and unethical misconduct and resolutely denounce any similar misconduct.

The Discipline Committee noted that no representative of SRX attended the hearing to demonstrate remorse for SRX's misconduct.

The Discipline Committee also considered SRX's guilty plea and its cooperation with the Complaints Committee, which the Discipline Committee accepts as mitigating factors.

In addition, DM was an unwilling participant in SRX's misconduct who ultimately brought the misconduct to the College's attention. The Discipline Committee notes that, but for DM's actions, SRX would likely have been permitted to continue its deceitful billing practices. DM is commended for filing the complaint regarding SRX.

Upon consideration of the evidence and the submissions of both counsels, the Discipline Committee issued the following Order for the proprietary misconduct committed by SRX on Dec. 27, 2022:

1. SRX Pharma Inc. shall be reprimanded.
2. SRX Pharma Inc. shall pay a fine in the amount of \$30,000.
3. SRX Pharma Inc. shall pay the costs of the investigation and hearing, which costs shall be fixed in the amount of \$25,875.

Detailed written reasons are [available on CanLII](#). ■

Spotlight on PREVENTION

Cost Discrepancies

Due to frequent medication shortages and supply issues, pharmacies may be sourcing their stock from different suppliers.

It is important to ensure that any differences in costs are identified and adjusted when billing to ensure accuracy in the billing process. Failure to notice cost discrepancies may result in a breach of the Proprietor Agreement or other third-party contracts and could be considered professional and/or proprietary misconduct within the meaning of *The Pharmacy and Pharmacy Disciplines Act*.

Insulin Errors

In light of reports of incidents of medication errors due to patients using both the new biosimilar and the old reference biologic at home:

- Wait until reference biologic supply is used up before dispensing the biosimilar.
- Return unused reference biologic medication to the pharmacy for disposal when the biosimilar is started.
- Clearly instruct the patient to stop using and safely store the reference biologic medication away from their biosimilar, if the patient feels strongly about keeping it at home.



From the Desk of the Dean

Dr. Jane Alcorn,
Professor and Dean,
College of Pharmacy and Nutrition,
University of Saskatchewan

Once again it is time to provide a quick update to the happenings in the College. Our students hosted Professional Development Week. Congratulations to all our hardworking student leaders and volunteers for a highly successful event. Not surprisingly, students in the College continue to receive notice for their achievements. And not to forget about our alumni – former Dean Dennis Gorecki was the recipient of the USP's Beal Award for his unwavering service and dedication over the years to the U.S. Pharmacopeia.

We appreciate all that our alumni do for the College, whether that involves donations for student awards or scholarships or the many hours of dedicated service to student precepting. Thank you, alumni! Please enjoy the highlights below.

New Scholarship: Mitakye Owasin Award in Pharmacy

The College is happy to announce the creation of its first scholarship for Indigenous students. The Mitakye Owasin Award in Pharmacy is made possible by the generous donation of alumnus Jarron Yee (BSP '06). Beginning in the 2022-2023 academic year, the Mitakye Owasin Award in Pharmacy is an annual award of \$1,500 open to Indigenous students in the College pursuing their PharmD degree. [Read more.](#)

Professional Development Week

Professional Development Week (PDW) was a big success. The conference and event was hosted, planned, and organized by the students of the College of Pharmacy and Nutrition right here in Saskatoon between Jan. 4 and 8, 2023. Congratulations to all the students for organizing and attending such a great event. [Read more.](#)

TCU event centre held student Breakout sessions hosted by the University of Saskatchewan's College of Pharmacy & Nutrition students. The local planning committee was so happy to welcome PDW to Saskatoon, the national gathering place for pharmacy students this year. [Read more.](#)

Elder Roland Duquette

We arranged to have Elder Duquette come and speak with us, in person, to share his experiences in the Residential School system. He spoke on Thursday, March 9 at 1B03 Health Sciences. We want to thank him for his moving and emotional words and sharing with us his stories. Look for more

storytelling events in the future. [Read more.](#)

Sasha Merasty

Sasha Merasty was honoured for her resiliency during the [Indigenous Student Achievement Awards](#) on March 9. Merasty, a University of Saskatchewan (USask) student enrolled in the Doctor of Pharmacy (PharmD) program in the College of Pharmacy and Nutrition, now aspires to one day open a pharmacy in an Indigenous community. [Read more.](#)

Kennedy Brown

Meet Kennedy Brown, a Pharmacy student, and Huskie Women's Hockey athlete. Huskie Athletics, in partnership with the Health Sciences Association of Saskatchewan (HSAS), sat down with Kennedy Brown to chat about why she chose to pursue a career in the health sciences. [Watch the video.](#)

Amou Madol

Amou Madol is a second-year PharmD student that has joined the Huskies this season. When talking about the importance of Black History Month, Madol believes it is a time to reflect but it should be something that shouldn't be minimized. [Read more.](#)

Dennis Gorecki

Dennis Gorecki, Ph.D., Professor Emeritus of Pharmacy and former Dean at the College of Pharmacy and Nutrition, University of Saskatchewan (Saskatoon, Canada), has been named the recipient of USP's Beal Award for Distinguished Volunteer Service. [Read more.](#)

Anas El-Aneed

Congratulations to Anas El-Aneed and team members George Gachumi and Zafer D. Bashi on their Agriculture Development Fund grant to optimize the large-scale extraction of phytosterols from canola oil waste. [Get the full story.](#)

Communications and Alumni Relations

At the start of the New Year, the College welcomed a new Communications and Alumni Specialist, Jason Belhumeur. Check out our [social media feeds](#) and the [College website](#) and you will see some of the great work Jason is doing.

Pharmacy Examining Board of Canada (PEBC) Examination Dates

Below are the exam dates at time of publishing. For the most up-to-date exam schedules, please visit www.pebc.ca.

Pharmacist Schedule of Exams

Examination Name	Examination Date	Application Deadline Date*
May 2023 Pharmacist Qualifying Examination	MCQ: May 23 – 27, 2023	Deadline passed
	OSCE: May 28, 2023	
June 2023 Pharmacist Evaluating Examination	June 21, 2023	Deadline passed
October-November 2023 Pharmacist Qualifying Examination	MCQ: Oct. 30 – Nov. 3, 2023	Aug. 3, 2023
	OSCE: Nov. 4, 2023	

Pharmacy Technician Schedule of Exams

Examination Name	Examination Date	Application Deadline Date*
September Pharmacy Technician Qualifying Examination	MCQ: Sept. 6, 2023	June 1, 2023
	OSPE: Sept. 17, 2023	

* Applications must be received by the PEBC office no later than the application deadline date.

Connect with us to get the latest news and updates from the College, helpful practice tips, key resources, important reminders, and more!

